



Workforce Solutions

ALAMO

CHILD CARE SERVICES

Child Care Services Division
City of San Antonio

Relative Provider Handbook

Bexar County

1227 Brady
San Antonio, TX 78207
Tel (210) 206-5200
Fax (210) 206-5330
www.sanantonio.gov

Rural Counties

8700 Tesoro, Suite 700
San Antonio, Texas 78217-6228
Tel (210) 362-5200
Fax (210) 225-5937
www.aacog.com

Information Line: 210-206-5200

Workforce Solutions – Alamo and the City of San Antonio are equal opportunity employers
Auxiliary aids and services are available upon request to Individuals with disabilities
TDD/TTY 1-800-735-2989

TABLE OF CONTENTS

Foreword	3
Getting Child Care Services through the CCSD	3
Collecting Parent Fees	4
Determining Payment Rates to Providers	5
Keeping Attendance	5
Billing, Reporting and Reimbursement	6
Remember Page / Provider Responsibilities	9

Sample Forms attached

Form 2450 A – Notification of Client Eligibility

Form 2455 A – Service Delivery Report

Form 2455 A – Instructions

COSA Check Proof

Notice of Late Submittal

Notice of Late / Non-Payment of Parent Fee

GETTING CHILD CARE SERVICES THROUGH THE CCSD

Federal law requires that parents be given a choice when selecting child care for their children.

To be eligible to care for a CCSD client you must:

- Be a relative of the child by blood, marriage, or by court decree (over the age of 18 and one of the following: great-grandparent, grandparent, aunt, uncle, or sibling).
- Not live in the same household as the child (*exceptions may be determined by the CCSD staff when other arrangements are not reasonably available*)
- Not appear on the Texas Department of Public Safety's Sex Offender Registry or the Excluded Parties List.
- Not be a former CCSD client or provider who has an outstanding balance owed to the CCSD Program.
- Be **listed** with the Texas Department of Family and Protective Services (TDFPS) for relatives caring for a child in the relative's residence.

The following documentation must be submitted prior to orientation:

- Valid photo ID
- Social Security card
- Proof of residency
- Listing Permit
- Employment Verification – proof that work schedule does not conflict with the hours you are to provide childcare, if you are employed

If you do not meet this criterion and are providing services, you will be reported as suspected fraud and will be required to pay back all monies paid to you.

Enrollment & Referral Process

A Child Care Resource Specialist will:

- determine days and hours the parent is eligible for child care
- what the parent's fee will be, if any
- arrange for the parent and the provider to attend an orientation
- send an enrollment form (2450-A) with days and hours of care, parent fee amounts, and eligibility dates.

Termination of Enrollment

CCSD may terminate childcare services for several reasons, including but not limited to:

- Parent is no longer working or looking for work,
- Parent is no longer in training,
- Family income is too high,
- Child no longer lives with the parent,
- Parent no longer needs child care,
- Child is too old for care,
- Parent did not pay the parent fee,
- Child has excessive absences,
- Parent did not comply with the terms of the parent responsibility agreement,
- Parent did not return the required paperwork in a timely manner.

Form 2450-A will also be sent to the Relative Provider when children are no longer eligible to receive care or when there are changes to the parent fee amount.

Units of Child Care Service

CCSD pays for childcare based upon the daily attendance, or units of service delivered:

- A full day unit is between 6 to 12 hours of care per day
- A part day unit is less than 6 hours of care per day.
- Part week care is for less than 5 days (or 30 hours per week)
- School-age care:
 - Before and/or after school care is part-time care
 - Full day care during school breaks and holidays

If a child attends full day for reasons other than the school being closed (such as suspension or illness), the provider will only be paid for a part day of care.

COLLECTING PARENT FEES

Collecting Parent Fees

Providers **must** collect parent fees prior to providing child care and maintain documentation of parent fees. Providers keep the fees they collect, and the amount of the assessed parent fees is deducted from the CCSD reimbursement to the provider. Collection of the parent fees is the sole responsibility of the Relative provider. The parent fee amount will automatically be deducted from the Relative Provider reimbursement. Those parents, who have no income, are referred by TDFPS (CPS), or are referred through the TWC Choices program, will not have a fee to pay.

Parents must pay their parent fees even when:

- Children are scheduled to attend but do not attend, and
- The parent takes vacation days.

It is required that the provider gives a receipt to the parent each time the parent pays their parent fee. The receipt serves as a record of payment for both the parent and the provider. Since parents are responsible for paying parent fees directly to their provider, each provider is responsible for giving the parent a yearly statement showing the amount of fees collected during the year. The statement should include the parent's name, child (ren)'s name(s), total amount paid, time period covered, the provider's name, and the provider's Social Security number. Parents will need this information for filing their own tax return.

Relative Providers **must report** to CCSD within three days **when the parent fails to pay** the parent fee.

Reduction of Parent Fees

Providers may **not** lower fees or waive the parent fee. The Child Care Resource Specialist staff will notify providers when parent fees have been reduced and the reimbursement to the provider for that month will be adjusted.

DETERMINING PAYMENT RATES TO RELATIVE PROVIDERS

Maximum Reimbursement Rates

Alamo WorkSource sets the maximum rates that relative providers can be reimbursed for services to CCSD-referred children according to the age of the child and whether full-day or part-day care is provided.

Provider Payment Rates

The maximum rate paid to relative providers is listed by age group in the chart below:

Relative Child Care		
	Full Time	Part Time
Age Group	Daily	Daily
Infants (0-17 months)	\$10.00	\$8.00
Toddlers (18-35 months)	\$10.00	\$8.00
Pre-school (3 - 5 years)	\$10.00	\$8.00
School-age (6 - 12 years)	\$10.00	\$8.00

RELATIVE PROVIDERS WILL NOT BE PAID:

- More than the CCSD maximum reimbursement rate
- If they care for more children than allowed by DFPS Minimum Standards for Registered Homes

KEEPING ATTENDANCE RECORDS

Recording Attendance of CCSD-Referred Children

Providers must keep daily attendance (to include days, hours, absences and holidays) of children. Providers may use their own attendance tracking system or contact CCSD for an attendance tracking log sheet.

Attendance and absences of CCSD-referred children must be recorded using the following codes:

- P = child is scheduled to attend and is present
- A = absent
- H = Holiday

CCSD may reimburse Relative Providers for the following holidays: New Year's Day, Martin Luther King birthday, President's Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day, Day after Thanksgiving and Christmas Day.

If the recognized holiday falls on a weekend, then the provider will be reimbursed for either the Friday before or the Monday after the recognized holiday. The day that is reimbursed will coincide with the day the majority of the area businesses are closed in observance of that particular holiday.

When CCSD-Referred Children Are Absent

Parents are required to notify the providers by telephone or in person if their children are absent from care. The Relative Provider **must contact CCSD upon the third day:**

- If the client is absent from care without notification
- if the client is withdrawn from care

CCSD staff will follow up with the parent and respond to the Relative provider on the status of the child in the form of the 2450A.

CCSD automatically stops paying for a child's care if one of the following occurs:

- 5 days consecutive absences with no contact to the provider or CCSD by the parent
- 30 days absence in a one year period
- Parent no longer meets the eligibility criteria

Suspension of Enrollment

Sometimes a child must be absent from care for more than two weeks in a row. The provider is not paid for the period of time the child is on suspended enrollment. When the suspension period is over, the child is guaranteed re-enrollment into the CCSD program and may be placed with the relative provider or with another provider.

BILLING, REPORTING, AND REIMBURSEMENT

How to Bill the CCSD Contractor

Providers must use the billing Form 2455-A, Child Care Contractor Service Delivery Report. The form must be complete and accurate in order for the provider to be reimbursed. Copies of the Form 2455-A will be mailed to the relative providers. You may pick up an additional copy at our main office located at 1227 Brady San Antonio, TX 78207.

Billing Forms

Relative Child Care providers must submit a bill to CCSD on a monthly basis. All billing should be submitted by the 12th day of the month for the previous month. If bills are received after the 12th, it will be considered late. If CCSD receives three late billings within a period of one year, the Relative Rate Schedule will be terminated.

Submitting Accurate Claims

Form 2455-A is the provider's bill, to CCSD for providing care for CCSD-referred children and is a legal document.

Providers are:

- responsible for submitting accurate and complete claims
- responsible to review claims before submitting

If your bill contains an error or is incomplete, the Form 2455-A may be returned for corrections, or you may be called to make the necessary corrections at the CCSD office. Payment may be delayed if there are errors. Providers should carefully review all documents that they sign and note that their signature is considered to be confirmation of the information included on the document.

Any claims submitted after 20 days will not be paid regardless of the circumstances.

Payment to CCSD Providers

There are many steps that take place between the times the provider bills the CCSD for child care services and the time the provider receives payment for the services. The process takes up to 30 days from receipt of the billing form.

Billing Tips

It is very important to **complete Form 2455A correctly** to prevent them from being returned and causing a delay in payment. The following tips will help ensure accurate billing and timely payment:

- Use correct attendance codes and make sure all children are listed for all days in the billing period.
- Make sure the correct service month and days are recorded for the billing period.
- Remember that school-age children are paid at a part day rate during the school year unless the child is present for a full day due to a school holiday and the parent worked, attended school or was in training.
- Always keep a copy of the Form 2455-A for records.
- Sign and date Form 2455-A in blue or black ink only.
- Do not sign and date Form 2455-A until the last day that attendance is recorded.
- Never use white out when making corrections on Form 2455-A. Draw a line through the error, make the change, and initial it.
- Review the check proof for accuracy. *(This document details your payment. It will indicate the children you are billing for, the amount paid daily, the number of days you were paid, and the parent fee amount that was deducted).* If a discrepancy is noted, you have 15 days to report it to our office.
- Collect the correct parent fee as indicated on Form 2450A.

Record Keeping Requirements

Providers must keep records while a CCSD-referred child is in their care and after care has ended for a period of three years and 90 days. Providers must keep:

- attendance records and receipts for parent fees collected,
- copies of the 2455A
- Check proofs issued with your reimbursement checks.

Access to Records

Relative providers may be monitored at any time without notice. Relative providers must be prepared to show proof of identification (Driver's License or other picture ID), allow access to their records during business hours and must provide copies on request to people who are authorized to see records and documents.

Providers will be required to refund any payments that they are not entitled to, including:

- **Overpayments,**
- **Duplicate payments,**
- **Payments made in error,**
- **Ineligible relative, or**
- **If the Relative Provider makes other care arrangements and leaves the children with other family members or friends. This will also require the Relative Rate Schedule to be terminated.** If the agreement is terminated by CCSD, the Relative Provider will be ineligible to provide care for CCSD customers for a period of six (6) months after the termination of the agreement.

Providers may be prosecuted under applicable federal or state laws for:

- False claims for payment,
- False statements, or
- False documents.

Reporting Income and Fees Collected

Relative Child Care providers are not employees of the City of San Antonio, CCSD, Alamo WorkSource, the Alamo WorkSource Board or the Texas Workforce Commission. They are considered to be independent contractors and are therefore not eligible to file unemployment claims.

If a parent's child care funding ends, the child care Relative Rate Schedule is also ended. CCSD does not deduct taxes from payments. Each relative provider is responsible for:

- reporting payments as income
- deducting all appropriate taxes
- reporting the amount that was paid by CCSD as reimbursement for child care services to the IRS.

Each relative provider that is reimbursed for more than \$600 during a calendar year will receive IRS form 1099. All 1099 forms are mailed by January 31 for the previous year. This form should be used when filing income taxes.

These earnings may affect any assistance you may receive from TDHS. This assistance may include TANF, Food Stamps, housing or SSI benefits. Any benefits through the social Security office may also be affected due to this earned income.

Reporting Other Information

The Relative Provider **must notify CCSD within one work day** if:

- The Police or Child Protective Services visits due to an investigation or complaint

The Relative Provider **must notify CCSD within 10 days** if:

- The address, name or phone number changes. These changes will require a new 1034 to be submitted, along with a copy of the provider's driver's license and proof of residency

The Relative Provider **must notify CCSD within one work day** if:

- The listing permit expires
- Changes are made to the listing permit

The following pages include samples of:

- Remember Page – Relative Provider Responsibilities
- Form 2450A (Notification of Client Eligibility)
- Form 2455-A (Service Delivery Report)
- Form 2455 A Instructions
- Provider Check Proof
- Notice of Late Submittal
- Notice of Late / Non-Payment of Parent Fee

REMEMBER PAGE

Relative Child Care Provider Responsibilities

As a Relative Provider with CCSD, I agree to the following:

- **Collect the parent fee, in advance** of the care being provided, if applicable. (See page 5) The parent fee must be paid directly to the relative provider.
- **Maintain copies of the Form 2450-A** which indicate what hours and days the CCSD has authorized for child care. The provider will receive payment for only those children who are listed on the 2450A. (See page 4)
- **Contact CCSD within three days** if the parent fee is not paid. (See page 6)
- **Keep records** while the child is in care and after care has ended. (See page 6). This information may be reviewed during a monitoring visit or the provider may be requested to submit a copy upon the request of CCSD. (See page 8)
- **Contact CCSD on the third day** that the client is absent from care without notification from the parent or when the child stops attending child care. (See page 7) Call 206-5200 or for Rural 210-362-5314.
- **Complete the billing form (2455A) accurately.** Bills received more than 20 days following the end of the billing period will not be paid. (See page 8)
- The City of San Antonio Finance Department will report your earnings of child care reimbursements to the Internal Revenue Service (IRS) at the end of each year. A Form 1099 containing your total reimbursements will be mailed to you for your tax return. (See page 9)
- **If monitored**, be prepared to show proof of identification. This may be a Texas Driver's License or another picture ID. (See page 8)
- **If I do not provide care for the children if other arrangements are made for someone else to provide the care, the agreement will be terminated and I will have to repay the entire amount of funds paid to me.** (See page 9)

In addition, I have been made aware of the following information:

- A. I will receive a Notification of Client Eligibility (Form 2450-A) when children are no longer eligible to receive care or when there are changes to the parent fee amount. (See page 4)
- B. If CCSD receives 3 late billings within a period of one year, the Relative Rate Schedule may be terminated. (See page 8)
- C. Child care reimbursement earnings may affect any assistance I may receive from TDHS. (See page 9)
- D. I understand that I am not an employee of the City of San Antonio but contracted by the parent to care for his/her child. (See page 9)
- E. I must report investigations by the Police and Child Protective Services to CCSD. (See page 10)
- F. I must report changes to name, address or phone number to CCSD. (See page 10)
- G. Failure to comply with the terms of the Relative Provider Rate Schedule may result in termination of that agreement. (See page 9)
- H. I understand that if I am employed, my work schedule must not interfere with the hours of care need by the client. I authorize CCSD to check the UI wage detail records. If the report indicates wages have been earned, I will have 5 days to submit an employment verification form. CCSD will contact the employer(s) to ensure that my employment does not interfere with the authorized care. If I do not return the form as indicated, the children will be transferred to another provider and my agreement will be terminated.
- I. I also understand that my payment may be withheld or I must repay the entire amount of funds paid to me, if my employment interferes with the authorized care or if I don't provide documentation to verify that my employment hours differ from my childcare provider hours.

(Check one of the following)

- ☐ I attest that I am currently not employed. If I do obtain employment, I will contact CCSD within one work day.
- ☐ I am currently employed. I understand that the CCSD will verify that my employment does not interfere with the hours of care needed.

Relative Provider's Signature _____ Date _____

CHILD CARE SERVICES
NOTIFICATION OF CLIENT ELIGIBILITY FOR SELF ARRANGED CHILDCARE

To:

Case Number/Caso Número

From: CCS Contractor/DE. Contratista de CCS

Office Address & Telephone Number/Oficina Y Teléfono
ALAMO CHILD CARE - SAN ANTONIO
 1227 Brady Blvd.
 San Antonio, Texas 78207
 210-206-5200

NOTIFICATION OF CLIENT ELIGIBILITY
SELF-ARRANGED CHILD CARE

AVISO DE ELEGIBILIDAD PARA CUIDADO
DE NIÑOS ARREGLADO POR EL CLIENTE

The children listed below are NO LONGER ELIGIBLE for TWC-sponsored child care services. The parent will not be paid for child care services provided on any day after the termination date listed below.

Los niños nombrados abajo YA NO SON ELEGIBLES para servicios de cuidado de niños patrocinado por la Mesa Directiva. A los padres no se les pagara ningún cuidado de niños recibido después de la fecha de terminación notado abajo.

The CCS contractor cannot pay for care after this date.

El contratista de CCS no puede pagar por este servicio después de esta fecha.

Termination Date/Fecha de Terminación:

Parent's Name/Nombre de la Madre (o del Padre)	Telephone Number/Teléfono
Address/Dirección	

CHILD'S FULL NAME NOMBRE COMPLETO DEL NIÑO	DATE OF BIRTH FECHA DE NACIMIENTO	AUTHORIZED CARE/CUIDADO AUTORIZADO			
		DAYS OF THE WEEK	TYPE OF CARE(TIPO DE CUIDADO) RATE (TARIFA)		
			Full	Part	School
	10/29/2004				

Comments:

2. Case Number
 79485

Designator 06

5. Client Last Name	6. Client First Name	7. Client Number	8. Part/ Prior Full Abs	9. 10. DOB	11. Unt Rt	12. Units/Abs	13. JILL	14. Collect	15. Parent Fees	16. Attendance Record enrollment days Draw a '1' through any days of care not paid by the CCS.	'P' - for days present 'A' - for days absent 'I' - for illness days
			P 3 0	3/25/2000	8.00						
			F 2 0	3/25/2000	10.00						
			F 5 0	2/6/2007	10.00						
			F 5 0	8/25/2005	10.00						
			F 5 0	11/4/2003	10.00						
Period and Daily Totals											

TO BE SIGNED BY CHILD CARE PROVIDER/EL PROVEEDOR DE CUIDADO DE NIÑOS FIRMA ESTA PARTE
 +++

Bills are due by the 12th and no payment will be made if submitted after the 20th.

Please allow 4 weeks for payment of Child Care Services.

I certify that all information on this form is true and correct.
 +++

Signature-Provider/Firma-Proveedor Date/Fecha

TO BE SIGNED BY PARENT OR GUARDIAN/EL PADRE, LA MADRE O EL TUTOR FIRMA ESTA PARTE

Signature-Parent or Guardian/Firma-Padre, Madre o Tutor Date/Fecha

Note: Claiming for services not actually provided constitutes fraud.

CCDS Provider Service Delivery Report
Form 2455A Instructions

SUBMIT ONE BILLING FOR EACH MONTH

Please print all entries on form in BLUE OR BLACK ink.

Form must:

- Be received at the CCDS office no later than the 12th day after the last day of the month that services have were provided.
- Be complete & correct.
- Be signed **no earlier than** the last day of care.
- Be ORIGINAL. No faxes or copies will be accepted.
- Not have any "White Out" or "Liquid Paper." For corrections, cross out & initial. Incorrect/Incomplete forms **may** be returned to client, which will cause payment delays. Returned forms must be corrected and resubmitted to CCDS within the stated due date.

Payment:

- All checks are mailed. NO EXCEPTIONS.
- Please allow up to six (6) weeks for payment to be mailed from the date of receipt of billing at CCDS and up to eight (8) weeks for first payment.
- Check discrepancies must be reported to the CCDS Accounting Section within fifteen (15) calendar days from date on the check.

Mail or drop off form:

For Bexar County
City of San Antonio
CCDS-Accounting
1227 Brady Blvd.
San Antonio, Texas 78207

For Rural Counties
ACCOG - CCDS
8700 Tesoro Dr. Suite 700
San Antonio, TX 78217-6228

- Section 1 Ensure Provider's and Parent or Guardian's name and address (with city, state, & zip code) is correct.
Section 2 Parent's case number (assigned by CCDS).
Section 3 The current year.
Section 4 The month that you are billing.
Section 5 Child(ren's) last name.
Section 6 Child(ren's) first name.
Section 7 Client number assigned to the child
Section 8 Indicates Part or Full time
Section 9 Indicates number of prior absences
Section 10 Child(ren's) Date of Birth
Section 11 Indicates the unit rate amount
Section 12 Enter the total number of days billed (to include days present, absences and holidays)
Section 13 Enter the number of days Absent during the billing period
Section 14 Enter the number of days the child was absent due to illness.
Section 15 Enter the amount (\$) of Parent fee collected. Enter N/A if no fee is required.
Section 16 Enter: 'P' for Part time (less than 6 hours).
'F' for Full time (6 hours or more).

★(Note: If you are authorized for both Part time & Full time for a child, use two lines.
Enter the child's name twice - one line for full time and another line for part time.)

CCDS is not responsible for billings lost in the mail. CCDS is not responsible for misdirected mail due to failure to update your address on your CCDS record. Providers must notify CCDS of any change of address on Form 1034.

ALAMO AREA
January 4, 2007

16:14 55

Child Care Services Provider Check Proof

Page

Provider Number
Provider Name
Provider Address
VENDOR 1027316
SAN ANTONIO, TX 78201

LWDB Funds	481.78
Certified/Non-LWDB Funds	0.00
Provider Total	481.78
Net Amount Due to Provider	481.78

Client Number	Client Name	DOB	Service Mo/Yr	F/P	Units	Rate	Parent Fee	Sub Fee	Inclusion Rate	Used	Tran Fee**	Claim Amount	Number
Case Number 114458													
Parent/Caretaker													
C189742			9/2006	P	20.00	7.32	80.00	0.00			0.00	66.40	2914935
C189742			9/2006	F	6.00	10.47	0.00	0.00			0.00	62.82	2914936
C189744			9/2006	F	26.00	13.56	0.00	0.00			0.00	352.56	2914937

Total Units	Total Amount	Total Fees	Net Total Amt.	Check #
52	561.78	80.00	481.78	25006



Child Care Delivery System (CCDS)
City of San Antonio

NOTICE OF LATE SUBMITTAL

Provider Name:	_____	Date:	_____
Address:	_____	Number:	_____

Case Name:	_____	Number:	_____
Address:	_____		

Dear CCDS Provider / Parent:

Your _____ Child Care Services Relative Declaration of Services (Form 2455 A) was received in the CCDS office past the due date of _____.

Forms are due by the 12th day of the following month. To continue your child care services, you must submit your claim form on time.

*This is your **FIRST** late billing submittal. This incident will be documented in your case notes. A third late billing submittal will result in your Relative Rate Schedule being terminated. If the Relative Rate Schedule is terminated, you will have to wait 90 days to six months before reapplying and the children will be transferred to a contracted provider.*

Sr. Office Assistant

City of San Antonio
Child Care Delivery System Division

Revised 11/07

1227 Brady Blvd.
San Antonio, Texas 78207
210-206-5200
Fax 210-206-5330



Child Care Delivery System (CCDS)
City of San Antonio

NOTICE OF LATE/NON-PAYMENT OF PARENT FEE

Case Name: _____ Date: _____
Address: _____ Case #: _____

Dear CCDS Parent:

Your 2455A Claim reports a:

☒ Late Parent fee

☒ 1st Occurrence

☐ 2nd Occurrence

In order to continue your child care services, we must immediately evaluate your situation. Please contact your Child Care Resource Specialist to discuss your child care services. If payment is not made by the next parent fee due date, your CCDS child care services will be **terminated**. The third time the parent fee is received late, and you have not requested and been approved for a reduction of your fee in advance of the due date, child care services will be terminated and you must wait 6 months before reapplying for services.

Amount owed: _____

Please contact: _____
Child Care Resources Specialist

PHONE

City of San Antonio
Child Care Delivery System Division

1227 Brady Blvd.
San Antonio, Texas 78207
210-206-5200
Fax 210-206-5330

Revised 5/07